

TRAVEL REQUEST FORM

Teacher: _____ **Course:** _____ **School:** _____

Departure/Return dates: **Destination:**

Number of school days impacted: _____

Purpose of trip:	

Itinerary (stops/schedule):

Vendor/Program Provider: _____

Has this vendor/program been used by this group in the past?

Mode of transportation: **Cost of Transportation:**

Number of students traveling: **Adult/student ratio:**

Total cost of trip: **Cost to each student:**

Is fundraising available? ☐ **List fundraising opportunities:** ☐

☐

☐

How are teacher travel expenses funded?

Due date for permission slips, prearranged absence, and code of conduct forms:

Names of adults accompanying the group:

[illegible]

Relationship to group (teacher, parent, etc.):

[illegible]

Safety precautions to be implemented and emergency protocol: _____

Name of the individual going on the trip who holds a valid American Red Cross Standard First Aid card or equivalent certification (**REQUIRED FOR ALL TRIPS**)

This field trip is an extension of: _____

(subject) (unit or project)

Learning objectives (include MCPS content standards addressed): _____

Follow-up activities back in the classroom: _____

Within Montana: less than 300 miles, this completed form requires Principal approval-one week in advance; if over 300 miles-one month in advance.

Out-of-state: this completed form requires Principal, Regional Director, and Board approval 60 days in advance (and prior to initiating fund raising activities and/or student recruitment).

Out-of-country: Principal, Regional Director, and Board approval are required 6 months in advance (and prior to initiating fund raising activities and/or student recruitment).

(Principal Approval) Date: _____

(Regional Director Approval) Date: _____

(School Board Trustee Approval) Date: _____